Washington State Health Care Authority

School-Based Healthcare Services for Children in Special Education

Frequently Asked Questions (FAQ)

Q: We have several students in our district that have private insurance and Medicaid. Can we still bill Medicaid for the related services offered to these students?

A: Yes. If the Agency decides they want to fund the program, then the Agency pays first, before education. The school district must pursue third-party insurance before billing the Agency according to WAC 182-501-0200. The Agency is required by federal regulation to determine the liability for third-party resources that are available to the student. Once all available resources have been exhausted, the Agency may then make payment on the balance if the third-party payment is less than the amount allowed by Medicaid. When billing Medicaid, follow the instructions within the Agency's *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html.

Information regarding third-party liability can be found in the following locations:

- Agency's *School-Based Healthcare Services Program for Special Education Students Medicaid Provider Guide* on page H.1 at: http://hrsa.dshs.wa.gov/download/Billing_Instructions/School_Based_Health/SchoolBasedHealthcareServices_BI.pdf

- WAC 182-537-0600 regarding school district's requirement for billing and payment at: http://apps.leg.wa.gov/wac/default.aspx?cite=182-537

- In the Centers for Medicare and Medicaid Services (CMS) Medicaid School-Based Administrative Claiming Guide at: https://www.cms.gov/MedicaidBudgetExpendSystem/Downloads/Schoolhealthsvcs.pdf

Q: When I submit a claim to a third-party insurance company they do not send me a specific denial, but issue a statement noting they do not cover therapies provided in an educational setting. Will Medicaid accept this statement as the claim denial?

A: Yes. If a third-party insurance company refuses to cover the specific Individuals with Disabilities Education Act (IDEA) related services, school districts can send the School-Based Healthcare Services (SBS) Program Manager a copy of the child's Explanation of Benefits (EOB). Medicaid can only be billed after the school district has been denied by the third-party insurance. You can access more information regarding third-party liability through the Agency's *School-Based Healthcare Services Program for Special Education Students Medicaid Provider Guide* on page H.1 at: http://hrsa.dshs.wa.gov/download/Billing_Instructions/School_Based_Health/SchoolBasedHealthcareServices_BI.pdf.

School districts must also follow the instructions within the Agency's *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html.

Q: Are school districts responsible for the matching payment to Medicaid during the summer months?

A: Yes. School districts are responsible for providing the local match before Medicaid payment is processed.

Q: Why are the school districts required to pay a local match?

A: The budget proviso approved by the legislature for the 2011-2013 budgets mandated an intergovernmental transfer (IGT) process. Under the IGT process, all non-federal matching funds (local tax-based dollars) must be sent to the Agency before the federal Medicaid portion can be dispersed. School districts can access the budget proviso language and the IGT flow chart at: http://hrsa.dshs.wa.gov/schoolbased/.

When ProviderOne places the claims into an "in process" mode, the Agency's fiscal staff will notify the school district of their required local match. The school district's match is submitted via electronic fund transfer (EFT) or in the form of a warrant (check). If the school district's required local match is not received, the claims will not be released for payment.

Q: If Speech-language Pathologist Assistants (SLPAs) have not graduated from an SLPA program but they have passed their state certification test, can we bill for their services?

A: No. According to the state plan amendment (SPA) 11-23 approved by the Centers for Medicare and Medicaid Services (CMS) on December 16, 2011, speech-language pathology services may be provided by a "certified speech-language pathology assistant" who has met the requirements of Chapter 18.35 RCW and Chapter 246-828 WAC. A "certified speech-language pathology assistant" must be under the direction and supervision of a currently "licensed speech-language pathologist." In order to bill Medicaid for SLPA services, the individual ***must*** have graduated from a speech-language pathology assistant program with a minimum of an associate degree. Language regarding the approved SPA can be accessed at http://hrsa.dshs.wa.gov/medicaidsp/Year2011SpaPack.shtml.

Q: I was told that Medicaid billing only applies to birth to three years of age. Is this accurate?

A: No. Part B is for school-aged children and youth between 3-21 years of age who are eligible to receive special education and related services under Part B of IDEA. Services covered under Part C of IDEA are directed for babies and toddlers up to their third birthday. School districts can access IDEA at: http://idea.ed.gov/download/statute.html. If a school district is interested in learning more about services covered under Part C of IDEA, they can contact the Washington State Department of Learning at http://www.del.wa.gov/.

Q: How can a district track Medicaid claims submissions?

A: With ProviderOne access, school districts can track the status of their submitted, paid, and denied claims. If a school district is using a billing consultant, contact them directly for their assistance. If you need assistance on how to access ProviderOne (P1), any school district can contact the Medical Assistance Customer Service Center (MACSC) at http://hrsa.dshs.wa.gov/contact/default.aspx. More information about P1 can be found at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html.

Q: Are districts reimbursed for matching monies if they have rejected claims?

A: No. Rejected claims will not be processed so school districts will not be required to send their local match. With P1 access, school districts can track the status of their claims and are encouraged to do so monthly. If additional assistance is needed, please contact MACSC at http://hrsa.dshs.wa.gov/contact/default.aspx.

Q: How detailed should my treatment notes be?

A: Treatment notes should contain the healthcare professional's opinion based on medical judgment and personal knowledge of the child.

All SBS healthcare professionals are required to provide healthcare-related services to children with a disability according to the child's Individual Education Program (IEP). School district's healthcare professionals must maintain sufficient documentation to support and justify ***all*** paid claims to include at a minimum:

- Professional assessment reports;
- Evaluation and re-evaluation reports;
- IEP; and
- Treatment notes for each date of service the school district bills the Agency.

Treatment notes should include the dates of service, the child's full name, time in/time out, the therapy provided, and be tied to the goals in the IEP (i.e., amount, scope, and duration).

Healthcare professionals should also document any changes in the student's condition that affects their IEP goals.

The signature of the healthcare professional and the supervising therapist must be included on each treatment note if provided by an assistant.